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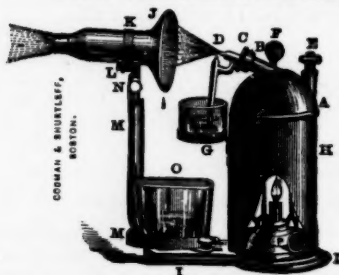


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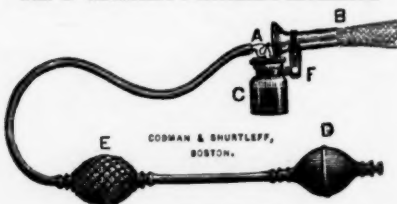
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Original Communications.**ARTIFICIAL PLACENTAL RESPIRATION.**

At the meeting of the Chicago Society of Physicians and Surgeons, held Nov. 12th, a paper, avowedly a suggestion only, was read by Dr. John Bartlett, entitled, *Artificial Placental Respiration*.

Dr. Bartlett suggested, in certain cases in which the after-birth is extracted or extruded before the child, the following practice: *directly upon the detachment of the placenta, immerse it in the fresh, warm, defibrinated blood of some animal, as the sheep; change the blood as often as practicable, and aerate it by means of oxygen gas.*

Dr. Bartlett considered the statements going to show that the life of the fœtus was not momentarily dependent upon the purification of its blood through contact with the maternal circulation, too numerous to be disregarded. Three classes of cases in which the fœtus had for a considerable time survived a separation from the maternal circulation, were cited. In one class, the child maintained life in the dead body of the mother; in a second, the fœtus survived separated from the mother, its relations with the after-birth and membranes being retained; in the third, the child remained alive in utero, while the placenta was without the mother.

The circumstances and conditions under which the fœtus may, for a considerable time, continue its life after the disruption of its placental relations to the parent, seemed to be such as left the after-birth in situation, in some measure, to perform its branchial functions.

Dr. B. proceeded to point out by what simple processes of absorption and exhalation the embryo in the lower forms of vertebrata and in man in the earliest stages of embryonic existence, was nourished. He stated that the relation of the placenta of the chick to the albumen of the egg—its immersion in a fluid through which it absorbed oxygen and exhaled carbonic acid—was exactly such as he proposed to establish between the fœtus

and the blood in which the placenta was immersed.

In regard to the probabilities of the simple immersion of the placenta in arterial blood proving adequate for the temporary respiration of the fœtus, the essayist called attention to the rapidity with which absorption took place through even the smallest abraded surfaces. The placenta presented fifty square inches of serous, and the like extent of fresh surface through which the necessary interchange of gases might take place. In referring to the anatomy of the placenta, the language of Owen was quoted: "The placental inter-communication is carried on by the contact of the fœtal capillaries with the *maternal extravasated blood*." In this expression, Dr. Bartlett regarded his suggestion as foreshadowed.

Artificial placental respiration would prove available in those cases of placenta prævia in which the after-birth is detached, whether by the efforts of the uterus, or by the accoucheur. It might, also, offer an additional chance of resuscitation to the asphyxiated child, where the placenta is also delivered.

On account of the difficulty of obtaining blood of an inferior animal just when needed, Dr. Bartlett suggested that the addition of phosphate of soda and oxygen gas to water might render it a substitute. In some cases, the blood escaping from the mother might be made use of.

TUMOR OF THE IRIS WITH CATARACT—ITS REMOVAL BY OPERATION.

BY CHAS. L. STODDARD, M. D., WHITEWATER, WISCONSIN.

Mrs. Brownley, aged 45, presented herself at my office, about two years ago, complaining of pain in her right eye. I found at the lower part of the iris a slight discoloration, but could not determine at the time that it indicated disease, as it did not differ in appearance from maculæ often found on the iris. Six months later I again saw her, and found a cataract, well developed, and total blindness of that eye as the result. The iris, at

this time, differed only in appearance by the maculae being somewhat more conical in appearance, and encroaching on the anterior chamber. She still complained of pain in the eye, for which I prescribed, but did not advise operative interference. Again, in the winter of this year, she consulted me, when I found a well-marked tumor, adherent to the lower anterior part of the iris, of a blackish or brownish appearance, pressing forward the iris, into contact with the posterior cornea, almost, and pressing the opaque lens backward, giving the pupil a peculiar appearance, as of a hollow tube. I now advised her to have the tumor removed, and that a consultation might be held on her case with some surgeon of eminence, as I could not decide whether the case was likely to assume a malignant form or not. An oculist of eminence, from Milwaukee, advised, on consultation, that the whole eyeball be removed, but she would not consent; neither did I advise so severe an operation, but was inclined rather, to remove the tumor and lens by extraction, and an iridectomy of all that part of the iris involved in the mass. To this plan she finally consented. After considering the difficulties to be encountered, owing to the obliteration of the anterior chamber, and the adhesion which the tumor might have formed with the anterior structures, I decided on a modification of the linear incision; I entered my knife in the sclerotic, near the corneal junction, passed it through the iris, without touching the pupil (I did not dilate it), and between the tumor, as nearly as possible, and lens, divided the ciliary ligament on the inner or nasal side, and then passed it outwards, through the sclerotic, making, in fact, a combination of the old and new or linear incision, together with a division of the ciliary ligament and iris. I then carefully closed the lids, with a compress, for a few seconds. On opening and making slight pressure, a body escaped, covered on one side with blackish pigment, and on the other had a fleshy or raw surface. It was as large as a pea, of the consistence of soft cheese, and was, in fact, the veritable tumor, complete. Again, on making slight pressure, the lens escaped, being compressed at one part, where

it lay in contact with the tumor, and appeared to be merely the very much thickened capsule. There was a slight escape of vitreous matter, but not sufficient to interfere with a good result. She was treated in the usual manner after an ordinary extraction. Two days later incision healed, and anterior chamber filled up pretty well. Eight days after operation, all going on well—eye well-filled, pupil, normal in shape; cornea perfectly clear; a slight coagulate still remaining undissolved in the anterior chamber, below the pupillary margin, but could distinguish objects quite clearly, so that the operation may be considered a success, both as to the removal of the tumor and restoration of sight, as she is quite healthy otherwise. The tumor on examination appeared to be a fleshy mass, coming under the head of fibrous or fatty—in fact, appeared more like a glandular structure than any other. The microscope showed nothing to indicate that it was of a malignant character—simple cells only, imbedded in ordinary stroma, and fewer of a fatty kind than I had anticipated from its physical characteristics.

The facts in this case will fully corroborate the theories of modern oculists, who show that the anterior eye may be freely divided at almost any part; that the iris may be incised, or removed in part; the ciliary ligament freely divided; and, in fact, any modification or incision made in appropriate cases with hopes of a good result.

ANTISEPTIC INJECTIONS AND DRAINAGE TUBES IN EMPYEMA.—By Edmund Andrews, M. D. Prof. of Surgery in Chicago Medical College.

The great success of carbolic acid injections in arresting the purulent secretion, and consequent exhaustion and hectic of large abscesses determined me to try it in Empyema. The following case shows the success:

Michael Hennessy was stabbed in the back part of the left chest, last June. The wound was closed, but effusion occurred, which became purulent, and discharged through a fistulous orifice, remaining after the tapping of the cavity. A few months later he was found confined to the bed, emaciated, and slowly going down with the copious suppuration.

My first effort was to inject carbolated water into the fistula; but I found the opening small and crooked, and the interior so full of pus that not enough of the antiseptic could be gotten in to accomplish anything. I then anæsthetized the patient and made a good sized opening into the chest between the ribs where the fistula lay. About a quart of pus gushed out, showing that the contraction of the orifice had kept in the discharge, and prevented the tendency of the cavity to gradually collapse and become obliterated. To prevent a recurrence of the trouble, I inserted a piece of small rubber tube, and tied it in. Through this tube large injections of carbolated water, ten grains to the ounce, were freely thrown once a day. Between the dressings the wound and the orifice of the tube were kept guarded by a compress of cotton dipped in carbolated oil (40 grs. to the ounce.) By this treatment the secretion of pus has been almost arrested; the patient is growing fat and vigorous, and is already able to take long walks. The cavity is becoming smaller, and bids fair to be safely obliterated.

EXPERIMENTS made by Dr. Andrews, in Mercy Hospital, show that although Cundurango has no control over cancerous tumors, it powerfully promotes the growth of granulations in chronic indolent ulcers. He promises shortly to give us his facts in full.

THE U. S. Government has adopted for Marine Hospital use the ecraseur forceps, invented by Dr. E. Andrews, of this city, as a substitute for the old-fashioned chain ecraseur.

WHY doesn't some one give us a condensed statement of the medical literature of Japan?

SUBCUTANEOUS INJECTION OF MERCURY IN SYPHILIS.—The injection of bichloride of mercury in the treatment of syphilis finds a warm advocate in Dr. Staub, of Strasbourg (*Traitement de la Syphilis*), who specially recommends the following formula: Bichloride of mercury, 1.25 grammes; chloride of ammonium, 1.25 grammes; chloride of sodium, 4.15 grammes; the white of one egg; distilled water, 250 grammes; One centigramme of this is injected daily beneath the skin, in two portions, one-half in the morning, the other in the evening. According to this somewhat enthusiastic writer, the bichloride, so administered, is an invaluable therapeutic agent, infallible in the treatment of secondary symptoms, prompt, complete, and devoid of inconvenience.—*Gaz. Hebdom.*

Clinical Reports.

CLINICAL CASES IN THE MEDICAL WARDS OF THE MERCY HOSPITAL.

SERVICE OF PROF. N. S. DAVIS.

Clinic of Nov. 29th, 1872.

CASE I.—Chronic Dysentery.—The first case to which I will call your attention, is one that you examined fully in one of the clinics last week. He is a man, 40 years of age, and, as you will remember, had been suffering many weeks with chronic dysentery.

When you examined him before, he was much emaciated; pulse soft, quick and weak; skin relaxed and clammy to the feel; countenance depressed and anxious; with frequent passages of bloody serum, mixed with whitish flakes and some mucus. These passages were not only frequent, but accompanied and preceded by great pain and tenesmus.

Previous to his admission to the hospital and during the week preceding your examination of his case, he had taken quite a variety of remedies, with but little apparent influence over the progress of the disease. Owing to this fact, and the increasing exhaustion, as indicated by the soft, weak pulse and relaxed skin, he had been put upon the two following prescriptions:

R	Ol. terebinth.,	3 iii.
	Ol. wintergreen,	30 gtts.
	Tinct. opii,	3 iv.
	Pulv. gum arabic,	} aa 3 vi.
	White sugar,	
	Rub together and add	
	Water,	3 iv.

Mix, and take one teaspoonful every three hours.

R	Strychnia,	1 gr.
	Nit. acid,	3 i.
	Tinct. opii,	3 iv.
	Simple syrup,	ss.
	Water,	3 iiii.

Mix, and take one teaspoonful in a tablespoonful of sweetened water, half way between the doses of the preceding prescription.

Directions were also given to have an enema containing one drachm of syrup of ipecac and half a drachm of tincture of opium in

two ounces of water, administered evening and morning. For nourishment the patient took chiefly wheat flour and milk porridge. For four days after you saw him, he pursued this treatment without any material change, and it resulted in a decided improvement in all his symptoms. The discharges were reduced to three or four in the twenty-four hours, and contained very little appearance of blood or mucus, and were accompanied by no pain. But the strychnia and nitric acid mixture now began to irritate his stomach, and it was omitted, and the terebinthinate emulsion, given every two hours. The enemata were limited to one every evening. At the present time he is feeling quite well, and is having only one or two passages in the twenty-four hours. It will be necessary, however, to continue the emulsion and a careful regulation of his diet until the passages are not only reduced to one per day, but also assume a healthy, consistent character. How far ipecac adds to the efficacy of enemata in dysentery, I will not venture an opinion, simply because I have resorted to it in only a few cases. The first case in which I resorted to it, was that of a delicate lady who had been attacked with dysentery during childhood, and in whom it proved very obstinate. I tried faithfully for ten days to control the disease, but without any desirable progress. On the contrary, she was rapidly failing in strength and flesh, and her stomach had become so irritable, that it was difficult for her to retain anything.

In this condition I desisted from the exhibition of active remedies by the mouth, and directed that she should have an enema of ten grains of pulverized ipecac and one half grain of sulphate of morphia, in two ounces of water, every four hours, until the passages were controlled. This course was followed by the most decided relief and the rapid recovery of the patient.

CASE II.—Pleuro-Pneumonia.—The next case is also one which you examined fully several days since. It was in the person of a man, aged thirty-five years, slender in form, and nervous in temperament. At the time of his admission into the hospital, he had

been laboring under an acute attack of pleuro-pneumonia for about one week. At the time you first saw him, which was only two days after his admission, his face was dusky or leaden; pulse small, quick, and weak; extremities cool; breathing short, hurried, and much oppressed; stomach and bowels quiet, but much pain in the lower part of the left side of his chest. You will remember that he was expectorating a very large quantity of muco-purulent matter, mixed with dark blood, and the whole left side of the chest was moderately enlarged, the intercostal spaces full; complete dullness on percussion from the clavicle to the diaphragm, and silence on auscultation, while the right side appeared to be natural. The complete dullness on percussion, with enlargement of the side, rendered it certain that he had pleurisy with effusion, while the copious bloody expectoration was equally indicative of pneumonia, with copious exudation.

You will also remember that I then called your attention to the quantity and quality of the expectoration, in connection with the naturally slender or phthisical appearance of the patient, as justifying the apprehension that the pneumonic exudation, instead of undergoing re-absorption, would take on the degenerative process styled caseous degeneration, and end in extensive diffuse suppuration and death. To check this tendency, and at the same time mitigate the cough and pain in his side, I directed a blister on his side, and a teaspoonful of the following mixture every three hours:

R	Hydrochlorate ammonia,	3 iii.
	Tart. ant. et pot.,	2 grs.
	Sulph. morph.,	3 grs.
	Syrup of liquorice,	$\frac{3}{4}$ iv.

Mix; and half way between each of these doses, five grains of carbonate of ammonia, one of pulverized gum camphor, and one of sulphate of quinine, suspended in mucilage of gum arabic. Also, as much milk and animal broth for nourishment as his stomach would bear. He followed this treatment for five or six days, when your attention was called to him again. The pain had then disappeared from his side; the capillary circula-

tion in the surface and the temperature of the extremities had improved; the cough was less severe; the expectoration still copious and puruloid, but nearly destitute of blood; the respiration better, but still short, and the physical signs derived from auscultation and percussion, the same as before.

I then told you we would continue to give him the anodyne and expectorant mixture every four hours, but instead of the carbonate of ammonia and camphor, we would give a small tablespoonful of a mixture of extract of malt, two parts, and compound syrup of hypophosphites, one part, hoping that the latter would be more efficient in lessening the tendency to suppuration, and in promoting the process of nutrition. He has continued that treatment until the present time, with a steady improvement in all his symptoms. He now coughs and expectorates but little; has a fair appetite and is steadily increasing in strength. The left side of the chest is diminished in size; a slight respiratory murmur can be heard over the upper and anterior part, but there is still general dullness on percussion. I shall advise a continuance of the same treatment.

CASE III.—*Chronic Gastritis*.—The next patient before you is a man, about forty-five years of age, a laborer; his surface is white, as in spanemia; his pulse is soft and weak, but not more than eighty-five per minute; his bowels nearly natural; but his flesh is soft and moderately emaciated, and he has for several months complained of muscular weakness and great distress in the stomach after taking food, and frequent vomiting. The distress is sometimes a hard pain in the epigastrium, but more frequently a burning and sense of heaviness, immediately aggravated by taking food, which latter is often rejected by vomiting, accompanied with much acid mucus. And if the food is not rejected, its digestion is accompanied by much flatulency, with gaseous and sour eructations. His bowels are easily moved by laxatives, and his urine nearly natural. His age, and pallid appearance, and moderate loss of flesh, would suggest the probable existence of cancerous disease of the pyloric portion of the stomach.

But in this form of disease, there is generally less flatulency, less acid or sourness, and less burning distress and vomiting immediately after taking food. In cancer of the pylorus, the distress after eating comes later, and the vomiting is more uniform, both in time after eating, and in being chiefly a thick, ropy mucus; more decided constipation, and in most cases presenting a hard tumor which can be felt in the lower part of the epigastrium, when the patient is on his back, with the thighs flexed sufficient to relax the abdominal muscles.

When cancerous disease exists at the cardiac orifice of the stomach, the patient generally feels a difficulty of deglutition, or rather the food seems to stop and create distress before it fairly enters the stomach.

After a careful comparison of the symptoms of chronic inflammation of the mucous membranes of the stomach, and cancerous disease, and being unable to find any hardness or tumor in the region of the pylorus, I am constrained to regard the case before you as one of chronic gastritis. With this view of his case, when he first came under my care, about four weeks since, his diet was limited to small quantities of the more bland articles, and he was given a teaspoonful of the following solution before each meal, and a powder of six grains of sub-nitrate of bismuth and one-quarter of a grain of sulphate of morphia, at bed-time.

R	Carbolic acid crystal,	6 grs.
	Glycerine,	℥ ss.
	Tinct. gelsemin,	℥ iii.
	Camph. tinct. opii,	℥ i.
	Water,	℥ ii.

We continued this treatment, with an occasional laxative pill at night, for three weeks; and after the first four or five days, he was so much relieved that he had very little flatulency or pain in the stomach; did not reject his food by vomiting more than once or twice per week. About one week since, however, he began to complain of a return of all of his old symptoms, more especially of the flatulency and acid eructa-

tions. I then discontinued the carbolic acid mixture, and gave in its place the following:

R Sulphite of soda,	3 iv.
Tinct. belladonna,	3 iv.
Simple syrup,	3 iv.
Mint Water,	3 iii.

Mix. Give one teaspoonful before each meal, and continue the bismuth powder at bed-time. This has again entirely relieved the irritation and symptoms of indigestion. But to prevent constipation, a compound rhubarb pill must be given at night, instead of the bismuth, at least a part of the time.

Original Translations.

DIAGNOSTIC SIGN OF CANCER OF THE NECK OF THE UTERUS.—Besides the difference as to consistence between cancer and simple induration of the neck of the uterus, Prof. Spiegelberg, of Breslau, gives the following sign as distinctive: "The mucus in cancer is firmly adherent to the subjacent tumor, and immovable, while the contrary is the case in hyperplastic thickening and induration. In the latter condition, the mucus, under the influence of compressed sponge, becomes looser, softer and thicker. In cancer it invariably remains hard and rigid, and cannot be torn."—*La France Medicale*.

HEPATIC ABSCESS CURED BY INJECTIONS OF IODIZED IODIDE OF POTASSIUM.—A merchant, fifty-two years of age, was seized with deep lacerating pain in the right hypochondrium, followed, fifteen days afterward, with swelling in the iliac region of the same side. After two months of intense suffering the tumor opened spontaneously, discharging a large quantity of fetid pus. For three years this patient underwent different modes of treatment without obtaining any amelioration of the local difficulty. His constitution was greatly impaired when Dr. Goldsberry was called in. Dr. G. commenced by injecting into the fistulous sinuses tepid water twice a day; then a solution of four grains of iodine and eight of iodide of potassium in a pint of water. The strength of this solution was gradually increased as the patient was able to bear it. After making use of this treatment

for one year, all flow of pus and bile had ceased, the fistulous tracts were entirely closed, and the general condition was very satisfactory. There was no relapse.—*La France Medicale*.

MEDICAL RESPONSIBILITY.—A woman, arrived at term, dies of cholera; the doctor is arraigned for not having performed the post mortem Cæsarian section. The College of physicians of the Faculty of Vienna, examined as experts, testified that the physician did not arrive till one hour after the decease of the woman, and that the fœtus could not survive the mother longer than five or six minutes. Besides, the annals of science prove that, in cases of cholera, the death of the fœtus always precedes that of the mother. The doctor was discharged from all prosecution.—*La France Medicale*.

ERECTILE TUMOR IN THE DUODENUM.—At a recent session of the Academy of Medicine, at Paris, Dr. Laboulbene reported the following case:

X—, aged about seventy-four years, presenting no symptoms of diathetical diseases, and no infirmities, had passed black stools without manifesting symptoms of a disease of the stomach. He had also vomited blood of a blackish color, and partly coagulated. Attention was directed to the possibility of a stomacic lesion, either cancer or simple ulcer; but, after having interrogated the patient on all the points which might clear up the diagnosis; after having passed in review the commemorative signs, heredity, etc., no certain conclusion could be arrived at. There existed no appreciable tumor in the abdomen, nor any evidence of disease of the liver; the spleen appeared normal; the finger introduced into the rectum revealed nothing unusual. The thoracic organs, lungs, and heart, performed their functions well; the urine contained neither albumen nor sugar. The general symptoms were not those of a disease of the stomach with troubled digestion, obstinate gastralgia, etc. The diagnosis was *ulcerative lesion of the duodenum*, accounting for the several hæmorrhages from the bowels, and the more rare ejection of blood from the stomach.

The patient died a few hours after having presented signs of internal hæmorrhage. The autopsy, conducted with great care, established the perfect integrity, considering the age of the patient, of almost every thoracic and abdominal organ. At a single point the duodenum was the subject of lesion. Below the entrance of the ductus communis chole-dochus a small oblong tumor of the size of an almond was found placed lengthwise with regard to the intestine. The prominence formed by the morbid growth was plainly visible on the intestine, washed and freed from the blood which had filled it. Examined under water, the mucous membrane covering the tumefaction showed a small ulcerated opening with fringed borders of a reddish brown color. Dr. Laboulbene recognized this opening as the source of the last hæmorrhage. Two other blackish points appeared to be the sites of old orifices of erosions, now healed, through which other hæmorrhages had taken place.

[The minute anatomy of the tumor, clearly establishing its character, is here omitted.]

The conclusions of Dr. L., in the absence of analogous examples, were limited to the following:

1. Erectile tumors exist in the intestinal tube, as at the surface of the external integument.

2. These tumors are developed in the mucous membrane of the intestine.

3. They may give rise to fatal hæmorrhage.

—*La France Medicale*.

THE INFLUENCE OF COLORED RAYS ON LIVING ORGANISMS.—Those of our readers who have given credence to the newspaper reports touching the remarkable growth—stimulating powers of the blue rays of light will find material for reflection in the following statements of Baudrimont:

“NOXIOUS INFLUENCE OF CERTAIN COLORS ON VEGETATION.—The communication of M. Poey, of Havana, relative to the influence of violet light on the well-being of plants and animals will be remembered by the reader. M. Baudrimont reports to the same Academy of Sciences that, since 1858, he had pursued

investigations similar to those of M. Poey. He had obtained directly opposite results. All colors were unfavorable to vegetation, and none had proved more so than the violet. All the plants subjected to that light were the first to die. The most noxious color after violet was green. Blue, situated between these two, in an optical point of view, did not give such baneful results.”—*La France Medicale*.

TEMPORA MUTANTUR.—*The sentiment of Parisian women in reference to abortion one hundred years ago.*—We translate from the notes of F. M. LeMoine, the editor of the French edition of that excellent work of John Burton, of York, on Midwifery, the following sentences, published in 1771. They furnish a striking contrast with the sentiment of the women of our day, and serve to indicate how far a people may degenerate in the comparatively short period of one hundred years:

“It cannot be too frequently enjoined upon pregnant women that they carry in their wombs, even in the first days of conception, a living and perfectly organized being. *Not that I fear* that they would undertake the destruction of the fruits of conception by the abominable methods mentioned by Mauriceau, for I believe if there exist to-day any mothers so unnatural as to commit so enormous a crime, their number must be very few, but I desire to inform them of the truth so that they may shun certain kinds of exercise, which are frequent causes of abortion. I know that accoucheurs have sometimes a motive in giving woman a contrary idea. A woman has a miscarriage, the first sentiment she experiences is one of regret and sorrow. She reproaches herself bitterly with not having been able to carry to full term the fruit of conception. Meanwhile, to console her, she is told that she was not yet sufficiently advanced in pregnancy that the embryo should have possessed life, or, that it was only a false conception. It is certainly pardonable to deceive her for the time being, for her acute grief in her then condition might have proved dangerous; but when she has recovered, the truth should be told to her. It must be acknowledged to the honor of women, even of those

most given up to pleasures, that upon the occurrence of miscarriages they repent of any imprudence which they may have committed, and deploring the unfortunate results, promise in another pregnancy to conduct themselves with more caution."

Gleanings from Our Exchanges.

TREATMENT OF SCARLET FEVER.—The late Prof. Geo. T. Elliott, in a lecture on this disease, gave the following method of treatment: To bring the eruption out, if it has not already presented itself, order hot baths and blankets. Give nothing to eat at first in the eruptive stage, and only allow the simplest nourishment the first day. Patients experience great relief from baths, and the application of cold cream, or mutton tallow, over the whole body. Visit the patient twice a day. By pouring a pitcher full of cold water over the back of the neck, especially when the glands are enlarged, great comfort is experienced. As a gargle, make use of chlorate of potash or soda. Pieces of ice are good, in the mouth. Sprays, thrown in with Richardson's instrument, of lime water, solutions of alum and sulphate of zinc, are beneficial. As a palative to the throat, the vapor from slaked lime can be recommended. Strong beef tea, with opium may be thrown up the bowel. Begin to feed the patient from the second day of the eruption with animal essences. If the tonsils are enlarging and the pharynx exhibits much redness, with diphtheritic exudation, the physician has a right to say that things look bad. If the throat symptoms do not mitigate on the fourth or fifth day, the voice being affected, then one feels that there is a good deal of danger. When the kidneys show hyperæmia, desquamation, or transitory albuminuria, then there is a twofold danger. Always examine the urine. When the patient has kidney disease, the treatment should be directed to the skin and bowels; when the latter are loaded and constipated, give powerful saline cathartics. Get Ronchetti's apparatus, to produce perspiration. To convalescing patients the use of iron is beneficial. The bisulphites have been recommended, but, from experience, they cannot be advocated. Belladonna is not always a prophylactic, although, on account of its innocence, and a feeling of satisfaction to the practitioner and family, it is well to administer it.

HÆMORRHOIDAL TUMORS OF THE FEMALE URETHRA.—The *Journal de Med. et de Chir. Pratique*, contains an article by M. Richet,

on this affection, in which this gentleman calls attention to the fact that many of the painful tumors found in this locality are hæmorrhoidal, and not, as is sometimes supposed, polypoid growths from the mucous membrane. The galvanic cautery and forcible dilatation are spoken of as the most successful modes of treatment.—*Med. Record.*

CONSERVATIVE SURGERY IN MINOR OPERATIONS.—Dr. A. P. Grinnell says, in the *New York Medical Journal*: A lad, aged fourteen, of a vigorous, healthy constitution, received a severe wound on the right hand by a circular saw. Upon examination of the injury, I found that the saw had entirely severed the third finger, with the exception of a little cuticle, which held the end suspended between the first and second articulation, had disarticulated the first and second phalanges at the second joint, and, besides, injured the soft parts in different parts of the hand. My first thought was to finish the amputation of all dependent portions, but, upon reflection, I determined to afford nature an opportunity of showing her skill in establishing a union of these lacerated tissues. The subsequent treatment involved much care and attention, but the result was sufficiently gratifying to reward the effort of preserving the whole hand. We have been taught that, in all injuries of this character, where union has taken place, sensation was lost, and the power of motion considerably impaired; but, in the above case, bone united firmly to bone, tendon with tendon, nerve with nerve, and the circulation of blood was fully restored. Sensation is perfect beyond the point of injury; and, to have secured this result, nerve must have united with nerve, for the amputations of all sensitive portions was complete. The power of motion is also preserved, although not perfect in one finger, owing to ankylosis of a joint.

VEHICLE FOR THE INTERNAL ADMINISTRATION OF CHLOROFORM (*Journal de Pharm. et de Chimie*, 1872).—Dr. G. W. Murdonck, having tried various formulæ proposed to facilitate the ingestion of chloroform, has found that some were difficult of execution, others contained sulphuric ether, and others again contained but little chloroform. He considers the best proceeding to consist in dissolving the chloroform in glycerin (1:3), which is effected with tolerable facility, and gives a very clear solution, pleasant to the taste, and with a strong odor of chloroform. This solution can be mixed in all proportions with water, without the occurrence of any precipitation, though the odor is distinctly percep-

tible. In forming the mixture it is well to add the chloroform slowly, and to mingle the two thoroughly. It should be left at rest for twenty-four hours; at the expiration of this period, a portion of the chloroform will be found to have collected at the bottom of the vase; this should be separated and mixed with an additional part of glycerin, when no further separation will occur. This mixture may be kept for some time without any loss of chloroform by evaporation.—*Med. Times.*

OZONE IN THE ATMOSPHERE.—Some researches on native ozone are given in the *Journal de Pharmacie*, by M. A. Houzeau. The air in the open country, taken at a distance of 2 metres above the ground, contains at most, according to this author's investigations, 1-450,000 of its weight of ozone, or 1-100,000 part of its volume. (Density of ozone 1.658 according to Loret.) This amount increases the farther it is from the ground, though it is in all cases quite variable. Litmus paper half iodized in the atmosphere showed the following colors:

NUMBER OF HOURS EXPOSED IN CALM AIR.						
2	4	6	8	10	12	24
none	violet	very pale blue	very pale blue	blue	blue	very blue

NUMBER OF HOURS EXPOSED IN AIR AGITATED.						
2	4	6	8	10	12	24
pale violet	violet	pale blue	blue	very blue	very blue	blue

Its origin is undoubtedly electric, and this the author believes is due in great measure to the silent discharge of electricity from the clouds to the earth.—*Med. Reporter.*

THE PHENOMENA OF MENSTRUATION.—The views of Pflüger (*Schroeder's Manual of Obstetrics*) with reference to the cause of the phenomena of menstruation are as follows: A constant irritation is exerted on the extremities of the nerves imbedded in the fibrous stroma of the ovary by the slow but uninterrupted growth of the Graafian follicle. This is not sufficiently intense to produce reflex action at once, but in the intermenstrual period the total irritation is so great that reflex action takes place in the form of marked arterial congestion. This sudden increase in the amount of blood produces essentially two results: In the first place, that Graafian follicle which is the farthest advanced in development ruptures, in consequence of the increased intra-follicular pressure; while, in the second place, a hæmorrhage takes place from the free surface of the uterine mucous membrane; hence the escape of the ovum from the follicle, and the menstrual flow, are joint effects of one and the same cause, namely, the pressure

which the developing follicle exerts on the extremities of the nerves, which are distributed throughout the ovarian stroma.—*Gaz. Hebdom.*

HYDROPNEUMOTHORAX.—Sir Henry Thompson, M.D., F.R.C.S. (*British Medical Journal*, Oct. 5th, 1872) in a clinical lecture on this rare disease, stated that he had been induced to modify some of the opinions formerly expressed by him. He was of the opinion, whatever the view taken of the case on admission—whether the man was phthisical or not—whether a gap in the pleura existed at the time or not—under all circumstances, an operation was unavoidable. But the drainage-tubes ought to have been inserted either on the instant, or, at any rate, after the discovery of the following conditions: Free and direct communication between the left pleural cavity and the trachea, advancing disorganization of the right lung, and ever-increasing accumulation of pus, in spite of its enormous discharge. By adopting these measures, the pus might have been kept within bounds, and diverted from the trachea and bronchi; the pneumonic processes, which were so rapidly disabling the only lung of any real use in respiration, might have been arrested; and although the man must invariably have died an early death from combined exhaustion and apnoea, he said that the patient might have been saved from dying of downright suffocation—literally drowned in pus.—*Br. Med. Journal.*

PROF. AGASSIZ'S EXPEDITION.—At the welcome extended to Prof. Agassiz by the California Academy of Sciences, on his arrival at San Francisco with the Hassler Expedition, the speaker reported the following results of the Expedition:

During the 246 days of the voyage there were packed 242 boxes and barrels of specimens. The materials collected will oblige the trustees of the Museum at Cambridge, Mass., to build an extensive addition. The collection of fishes amounts to about 30,000 specimens. He has no doubt that the sum total of specimens brought together exceeds 100,000, and they are not preserved in the old-fashioned way—dried and unfit for further research. To pack these specimens, 3,000 and odd gallons of alcohol were used up, and they are so preserved they will afford materials for investigation for years to come.

INTERNAL PATHOLOGY.—Don Jose Zalabardo, of Madrid (Siglo Medico) announces a work on "Internal Pathology," in verse, which will be abreast of the present state of science.

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EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

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EDITORIAL.

AMERICAN MEDICAL ASSOCIATION.
—MEANS FOR ITS IMPROVEMENT.

Having in two or three preceding numbers of *THE EXAMINER*, noticed the principal objections to the present organization of the National Association and the suggestions made for its improvement, we feel under obligations to give the results of our own observation and reflection upon the subject. We by no means agree with those who represent the Association as a failure under its present organization. On the contrary, it would not be difficult to show that its influence has been, and still is, very great in all the directions in which it was originally designed to act. That its influence has greatly increased the number and efficiency of the State and local medical societies—that its annual meetings have greatly advanced both the social and scientific intercourse of members of the profession throughout the whole country—that this intercourse has greatly diminished sectional prejudices, and substituted in their place personal friendships—and finally, that it has been largely instrumental in causing the extension of the lecture terms, and the curriculums of study in nearly all the medical schools, and the actual introduction into some of them of a graded or systematic and more complete system of medical teaching, no one who takes the trouble to examine the historical facts, can reasonably entertain a doubt. That there has been no falling off in the number of those who seek its membership and participate in its proceedings, or strive for its honors, the last annual meeting will abundantly show. And if its present

organization and by-laws, or rules of action, were fully understood, and the several sections induced to carry out more fully the objects for which they were created, it would result in practically obviating nearly all the important objections that have been urged against the Association. Yet it must be acknowledged that in so large a body, gathering its members from sections so wide apart, and holding its sessions so brief a period, it is almost impossible to have the majority of its members present at any annual meeting, sufficiently familiar with the practical working of its several parts, to make the general result harmonious and satisfactory. The annual meetings of the Association, as at present organized, are too large and too deficient in true representative character, to be reliable and efficient for deliberate legislation on matters of medical polity, or for the direct promotion of medical science. They are well adapted, only, for listening for two or three hours of the morning of each day to well prepared addresses or reports on the progress made in the different departments of medical science and art, and then devoting the remainder of the day to sight-seeing and social intercourse. If such changes in the present organization could be made, as would secure the three following objects, it would undoubtedly constitute a very great improvement.

First, the adoption and enforcement of a fair and uniform standard of medical attainments as a condition of membership in the Association.

Second, the retention of, at least, biennial mass meetings of the membership, which shall be devoted exclusively to the hearing and discussion of addresses on the progress of the different departments of medicine, and to free social intercourse.

Third, the organization of a general council composed of not more than two members from each State, elected in such a manner as to make them strictly representative in character, and holding their office two years. Such council should meet annually, and to it should be entrusted all the strictly business matters of the Association. Such a council would

constitute a compact, intelligent representative body, capable of being so organized into sections and committees as to secure full and deliberate attention to all the important interests of the profession. At the same time, the biennial mass meetings of the membership in the several cities in different parts of the Union, for the purposes stated in a preceding paragraph, would not only retain all the benefits of the present annual meetings, but allow of a great improvement in the social advantages. The first object, namely, the adoption and enforcement of a uniform standard of qualifications for membership in the Association, instead of having members elected annually by all sorts of medical societies, colleges, hospitals, dispensaries, infirmaries, etc., would require the establishment of one or more boards of censors in each State, with strict rules for their guidance, by whom all applicants for admission to membership in the Association should be examined; and those found qualified should receive a certificate or diploma of membership in both the National Association, and State Society of the State in which they live.

And after such boards of censors have been organized and ready for action, there should be no other mode of gaining admission for new members, except through actual examination of such boards. This plan would cut off the whole of those really self-appointed delegates, a large part of whom go to the annual meetings with some private axe to grind, or some specialty to advertise; and what is of far more importance, the standard of qualifications adopted by these boards of censors and the certificate or diploma given by them, would soon come to be recognized as the only legitimate mode of entering fully the ranks of the profession.

Whether the details of a plan for making the changes suggested, could be so arranged as to work well, practically, and secure general approval, remains to be seen. To preserve and foster the connection between the National Association and the several State Medical societies, the members of the General Council of the National Association, con-

sisting of two from each State, should be elected by the State societies; while, to secure as much uniformity of action as possible by the examining boards, the nomination of these, together with the rules governing them, should be made by the General Council. An ample basis of membership could be secured at once, by issuing certificates or diplomas of membership to all who should be members in good standing at the time of adopting the new arrangement, and subsequently admitting no new members, except through the examination and approval of the proper Boards of Censors. This would effectually stop all questions as to the right of this or that institution, college, or society, to representation in the association, and place college faculties, hospital staffs, specialists with infirmaries, etc., on the same footing with all other members of the profession. There would be left but one door of entrance to membership in the national organization for all classes; and it is very plain that the standard of education required to pass that door, would soon become *the only* recognized standard for the whole profession.

PUSTULATION WITH TARTAR-EMETIC AS A SUBSTITUTE FOR VACCINATION.—Dr. B. S. Woodworth, of Fort Wayne, one of the oldest and most eminent physicians in Indiana (*Am. Practitioner*, Sept., 1872), writes that his theory—which he has held for thirty-four years—is, that pustulation by tartar-emeti is as good a preventive of small-pox as perfect vaccination. He was led to this theory from a series of papers, in 1838-9, published in the *Boston Medical and Surgical Journal*, in which the almost exact resemblance of tartar-emeti pustules and vaccinia was mentioned. This fact, he adds, is familiar to every physician. Not only is the similarity of the two perfect at their full development, but the successive stages are also alike. He asks: Why may not this artificial pustulation be just as good a preventive as vaccination, since the same process has been gone through with, and the same molecular changes? And certainly there can be nothing more mysterious in the one case than in the other. Some five or six years after he had first entertained this view, an article in the London *Lancet*, by a German author, advanced the same theory, and, he believes, verified by cases. Dr. Wood-

worth suggests that experiments be made in hospitals, to prove his theory; and closes his communication with these words: "I almost regret that I was ever vaccinated, for I would be willing to run the risk in proving that which I believe true."—*Med. Record*.

CONTAGIOUSNESS OF PURULENT SECRETIONS.—Dr. Hiller, says the London *Lancet*, in an inaugural dissertation on this subject, maintains the truth of the old view that all purulent secretions are contagious when applied to healthy mucous membrane. He states that pus taken from the vagina of a bitch in which inflammation had been excited by the injection of ammonia produced pyorrhœa in the urethra of a dog into which it was injected, though not before the latter had been mechanically irritated. If no mechanical irritation were employed, no catarrh occurred. The pyorrhœa, both in the male and female animal, appeared to be closely analogous in its nature to gonorrhœa, since it spread in the former to the posterior part of the urethra, and in the latter to the mucous membrane of the uterus. M. Hiller holds that the same obtains in the case of the eye, and that all purulent discharges applied to the conjunctiva are capable of exciting inflammation in it. It is certain, however, that the matter from an inflamed lachrymal sac, or from an abscess of the lid, may freely enter the eye without producing a purulent discharge.—*Lancet* for August 31, 1872. *Mich. University Med. Journal*.

TREATMENT OF UTERINE HÆMORRHAGE BY SULPHATE OF QUININE.—MM. Gueneau de Mursy and Bartheg, have resorted, for several years past, to the use of this remedy in the treatment of metrorrhagia, with marked success. It is principally in hæmorrhages which occur several days after delivery and are accompanied by fever, with daily exacerbations, that they have found its use to be of most value; and in several cases it has given relief when used as a *dernier resort*, after ergot and other hæmostatics failed.

In order to obtain the desired results, it is necessary to give the remedy in sufficiently large doses. The gentlemen above mentioned have used it at the rate of eight grains every two hours. Sometimes it is not necessary to continue the remedy beyond a single day, but it is generally prudent to continue it for several days, even though the hæmorrhage should have ceased.

MENTAL DISEASE PRIZE.—M. Tarlet has made a bequest of 10,000 francs to the Paris Academy of Medicine, for the purpose of founding a prize on mental and nervous diseases.

Book Reviews.

Lessons in Physical Diagnosis. By Alfred L. Loomis, M.D., etc. Third edition. Revised and enlarged. New York: William Wood & Co. W. B. Keen & Cook, Chicago.

This is a work already well and favorably known to the profession. In the present edition the original text has been entirely revised and enlarged by the addition of five new lessons—three on the examination of the urine as applied to diagnosis, and two on the mechanical aids to diagnosis. These additions and revisions add greatly to the practical value of the work, and constitute it a much more complete treatise. The text is well illustrated by numerous wood cuts and engravings.

The Microscope and Microscopical Technology.

A text book for Physicians and Students. By Heinrich Frey, M.D., Prof. of Medicine in Zurich, Switzerland. Translated and edited by George R. Cutter, M.D. From the fourth and last German edition. New York: Wm. Wood & Co. Chicago: For sale by W. B. Keen & Cook.

This is a volume of 650 pages, numerous and finely illustrated by some 340 engravings on wood. It is a work which, although it has been but a short time before the public, has already become an invaluable companion to those microscopists who are able to read it in the original. This English translation will, we feel confident, therefore meet with a most favorable reception from the large numbers of students, scientific and professional men to whom it has before been inaccessible. The table of contents embraces the following topics: "Theory of Microscopic; Apparatus for measuring and drawing; The Binocular Stereoscopic, and Polarizing Microscopes; Testing the Microscope; Use of the Microscope; The Preparation of Microscopic Objects; Fluid Media and Reagents; Methods of Staining; Impregnation with Metals; The Drying and Freezing Processes; Method of Injecting; The Mounting and Arrangement of Objects; Blood, Lymph, Chyle, Mucus and Pus; Epithelium, Nails and Hair; Connective Tissue and Cartilage; Bones and Teeth; Muscles and Nerves; Vessels and Glands; Digestive Organs; Pancreas, Liver and Spleen; Respiratory Organs; Urinary Organs; Sexual Organs; Organs of Sense; Index; Price Lists of Microscope Makers."

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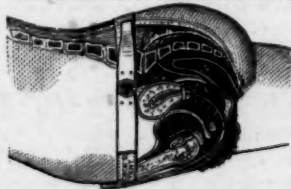
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